

# State of Washington Application for a Water R

Application for a Water Right Please follow the attached instructions to avoid unnecessary

Received Received	
JUL 2 5 2005	For Ecology Use
REGION OFF	Fee Paid 20
cessary	Date 7-25-05 16# 1056 242

### Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

	Home Tel:(206) 621 - 0681
Mailing Address 8828 SE 77th Place	Work Tel:(509) 232 - 6657
City Mercer Island State WA Zip+4 9800	40 +5766 FAX:(509)232 - 6657 AUG 01
Section 2. CONTACT - PERSON TO CAL  Same as above  Name Sam Hobson, Trustee  Mailing Address  City State Zip+4	Home Tel:(
Relationship to applicant Trustee	
The applicant requests a permit to use not more than cubic feet per second) from a surface water source or of irregation, commercial and industrial manufold DESCRIPTION OF THE PLACE OF USE. (See instruct sufficient.  Estimate a maximum annual quantity to be used in acre-feet	facturing
☐ Check if the water use is proposed for a short-term pro	oject. Indicate the period of time that the water will be needed
From/ to/	_
Section 4. WATER SOURCE	
If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for well(s).
Number of diversions:	
Source flows into (name of body of water):	Size & depth of well(s): 10-inch well at approximately 900 feet

ECY 040-1-14 Rev. 7/97 \* \* f **APPLICATION** 

-- 1 --

Appl. No.: 64-35063

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: w1,250 feet seath and w1,250 feet west of the NE corner of Section 17  Wor Wor Section Township Range(E/W) County It location of source is platted, complete below:  Lot Block Subdivision  NE NE 17 9 27E Benton 2 Shart plat 810  NE NE 17 9 27E Benton 3 Start plat 810  For Ecology Use Date Received MOGAST 1, 2005 Priority Date Addition 1 2005 SEPA (Example OF 1/11/105) By Date Recurred By WRIA: 37  Section 5. GENERAL WATER SYSTEM INFORMATION  A. Name of system, if named:  B. Briefly describe your proposed water system. (See instructions.)  Groundwater to be pamyed from a well. Iroposed pump to 200 horse power with a capacity of 500 gpm. Pump to be located under ground or above ground at location of well. Irrigation water to be delivered via solid set sprinklers or drip irrigation system.  C. Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION. Certificate Number 64-31065 (B)C  Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)  A. Number of "connections" requested: Type of connection (Homes, Apartment, Recreational, etc.)  1 YES NO. Only the alth Department.  Complete C. and D. only if the proposed water system will have fifteen or more connections.	`LOCA	ATION							
NE NE 17 9 27E Benton 2 Short plat Block  NE NE 17 9 27E Benton 3 Short plat Blo  NE NE 17 9 27E Benton 3 Short plat Blo  For Ecology Use Duck Received. Procust 1, 2005 Priority Date: P164815 1, 2005  SEPA (Encopy Use Date Accepted A Procust 1, 2005 Priority Date: P164815 1, 2005 Benton)  SEPA (Encopy Use Date Received. Procust 1, 2005 Priority Date: P164815 1, 2005 Benton)  SEPA (Encopy Use Date Received. Procust 1, 2005 Priority Date: P164815 1, 2005 Benton)  SEPA (Encopy Use Date Received. Procust 1, 2005 Priority Date: P164815 1, 2005 Benton)  SEPA (Encopy Use Date Received. Procust 1, 2005 Priority Date: P164815 1, 2005 Benton)  SEPA (Encopy Use Date Received. Procust 1, 2005 Priority Date: P164815 1, 2005 Benton)  SEPA (Encopy Use Date Received. Procust 1, 2005 Priority Date: P164815 1, 2005 Benton)  SEPA (Encopy Use Date Received. Procust 1, 2005 Priority Date: P164815 1, 2005 Benton)  By WRIA: 37  Section 5. GENERAL WATER SYSTEM INFORMATION  A. Name of system, if named:  B. Briefly describe your proposed water system. (See instructions.)  Groundwater to be pumped from a well. froposed pump is 200 horsepower with a capacity of 500 gpm. fump to be located underground or above ground at location of well. Irrigation water to be delivered via solid set sprinklers or drip irrigation system.  C. Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION. Certificate Number 64-31065 (B)C  Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)  A. Number of "connections" requested: Type of connection (Homes, Apartment, Recreational, etc.)  A. Number of "connections" requested: Type of connection (Homes, Apartment, Recreational, etc.)  Groundwater system sare identified by your County Health Department of Health? Pyes No	Enter	the north-south							
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Do you have a current water system plan approved by the Washington State Department of Health?	ο.	If yes, explain w	hy you are u	i approved w	ater system?				LI YES LI NO
Washington State Department of Health? ☐ YES ☐ NO	Compl	ete C. and D.	only if the	e proposec	l water syste	em will have fi	fteen or r	nore co	nnections.
Washington State Department of Health? ☐ YES ☐ NO	7	Do vou have a ci	irrent water	system nlan	annroved by th	e			
	,	Washington State	e Departmer	it of Health?					□ YES □ NO
						e attach the curren	t approved	version o	of your plan.

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D.	Do you have an approved conservation plan?  □ YES □ NO □ YES □ NO □ Please attach the current approved version of your plan.
ASTRONE IN ARROW	tion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION mplete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated: 10.85
В.	List total number of acres for other specified agricultural uses:
	Use         Acres           Use         Acres           Use         Acres
C.	Total number of acres to be covered by this application: 10.85
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)  Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).
	<ol> <li>Is the combined acreage greater than 6000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?</li> <li>If yes, enter permit no:</li> </ol>
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking
	Section 8. WATER STORAGE
Will y	ou be using a dam, dike, or other structure to retain or store water?
some p	If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and ortion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit ation from the Department of Ecology.
Sect	tion 9. DRIVING DIRECTIONS
Provid	From Benton City, follow Kennedy Road east. After approximately 800 feet, bear left onto State Route 224. Follow SR 224 for approximately one mile. Turn left onto Sunset Road. Follow Sunset Road for approximately 12 mile. Turn left onto unnamed gravel road and follow it to its end. This is the eastern boundary of the property and project site.
ECY 040 Rev. 7/9	ATTLICATION

## 'Section 10. REQUIRED MAP

Attach a map of the project. (See instructions.)

pplicant own the lan in the applicant's in	YES D No and address(es) of the owner(s):		
plicant own the lan	d on which the water ent:	r source is located?	YES 🗆 NO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Same

Landowner for place of use (if same as applicant, write "same")

Date

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We are returning your application for the following reason(s	s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN
		TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)	is/are	APPLICANT PLEASE RETURN
ncomplete		TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested above a (date).	and return your app	lication by
	Date	
	Date _	
	Date _	
	Date _	
cology staff	Date _	

APPLICATION

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Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

407-6006 (TDD).

ECY 040-1-14 Rev. 7/97 \* \* f Attachment for Section 3 of "Application for a Water Right" Submitted by SDH Trust, July 2005

#### Legal Description of the Place of Use

LOT 2 OF SHORT PLAT 810, AS PER PLAT THEREOF RECORDED IN VOLUME 1 OF SHORT PLATS, PAGE 810, RECORDS OF BENTON COUNTY, WASHINGTON.

LOT 3 OF SHORT PLAT 810, AS PER PLAT THEREOF RECORDED IN VOLUME 1 OF SHORT PLATS, PAGE 810, RECORDS OF BENTON COUNTY, WASHINGTON.